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ABSTRACT

A cost-free counseling model was developed to meet the changing needs of elementary school students in a small college city in California. A training program for graduate students was set up within the public school setting and was clinically supervised. Marriage, Family, and Child Counselor and Licensed Educational Psychologist internships were offered. Quality interns and trainees were attracted, in spite of the lack of a stipend, because of the training program and the opportunity to work with children. The techniques of play therapy were adapted to one-to-one and small-group school settings with highly successful results, as measured by resolutions of situational crises, changed behavior, and parent and teacher surveys. All students at risk for future emotional problems who were referred by either their parents or teachers were served. References are included. (Author/TE)

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A Cost Free Counseling Model for High Risk Elementary Students

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Abstract

A unique, cost free counseling model was developed to meet the changing needs of elementary school students in a small college city in California. A training program for graduate students was set up within the public school setting and clinically supervised Marriage, Family and Child Counselor and Licensed Educational Psychologist internships were offered. Quality interns and trainees were attracted, in spite of the lack of a stipend, because of the training program and the opportunity to work with children. The techniques of play therapy were adapted to one to one and small group school settings with highly successful results, as measured by resolutions of situational crises, changed behaviors, and parent and teacher surveys. All students at risk for future emotional problems who were referred by either their parents or teachers were served.

A Cost Free Counseling Model for High Risk Elementary Students

A number of counseling programs and models have been introduced into elementary schools nationwide over the past few years. Many of these were designed to meet specific needs. In various pilot programs small groups for elementary age students meeting weekly for eight to twelve sessions were found to be valuable for children of divorced parents (Goldstein, 1985; Pfeifer & Abrams, 1984; Snyder, 1985; Tedder, 1987). Group experiences helped to ameliorate feelings of aloneness in children following parental divorce (Lesowitz, Kalter, & Chethik, 1987) and reduced related negative feelings, anxiety, and depression (Gwynn, 1987). Strategies for counseling students with alcoholic parents were developed in a number of districts (Brake, 1988; Burwick, Martin, & Martin, 1988; Davis, Johnston, DiCicco, & Orenstein, 1985). Small group counseling sessions were found to be successful in reducing disruptive and aggressive behaviors (Cobb & Richards, 1983; Lothstein, 1985; Omizo, Hershberger, & Omizo, 1988; Richert, 1986) and were useful in treating academic and school adjustment problems (Blank, Melang, & Miller, 1986; Charlton & Terrell, 1987). In addition, success has been reported following the use of small group and one to one counseling models in elementary schools with chronically ill or handicapped children and their siblings (Post-Kammer & Nickolai, 1985; Williams & Baeker, 1983), to increase pride of race in black children (Lee &

Lindsay, 1985; Lothstein, 1985), to deal with depression, grief, loss, and immediate crisis situations (Arena, Hermann, & Hoffman, 1984; Bertoia & Allan, 1988; Downing, 1988; Fleisher, Berkovitz, Briones, & Lovetro, 1987; Rubin, 1988), and to intervene in severe family problems, including abusive situations (Goodman & Kjonaas, 1984; Otto & Brown, 1982; Williams, Robison, & Smaby, 1988).

Group and individual models for counseling have been adapted for use in the public elementary schools based on specific therapeutic methods such as Reality Therapy (Johnson, 1985), Cognitive Behavioral Therapy (Kahn, 1988), art therapy (Allen & Clark, 1984; Rubin, 1988), and play therapy (Landreth, 1987). In addition, locally developed adaptations of methods such as the use of puppets (James & Myer, 1987), imagery (Holly, Trower, & Chance, 1984), brief intervention strategies (Amatea & Lochausen, 1988), and therapeutic stories (Lawson, 1987) have been developed.

In spite of these successful beginnings, surveys and program reviews indicate that the overall need for counseling services in elementary schools nationwide is great and that current programs, although effective as far as they go, are not sufficient to adequately meet the rapidly increasing need for services (Barclay, 1983; Boser, Poppen, Thompson, & DeRidder, 1985; Emerson, 1984; Goldstein, 1985; Rotter, 1982; Tharinger & Koranek, 1988).

Although some districts have offered large group guidance programs to full classes in the classrooms, most districts with elementary guidance programs are only able to offer counseling to

the more needy students. No districtwide, comprehensive programs designed to provide small group and individual counseling for all problems of all elementary school children appear to have been introduced. In addition, no program has utilized the cost free services of interns who are candidates for state mental health licenses.

In this program a comprehensive, districtwide model was developed to meet the dramatically changing needs of the elementary school children in Claremont, a small college city in California. Interns for state mental health licenses were utilized as counselors. The goal of the program was to provide group or individual counseling to reduce the negative effects of any circumstance that put any elementary school child at risk for future problems.

Introduction

Several HUD type housing developments and the spread of gangs and drug dealing out from nearby Los Angeles have brought a rapid change to Claremont, a previously white, middle class city. While the center of town continues to remain isolated in "middle class respectability" and widespread denial of the existence of a problem, many children living in the new outlying districts virtually inhabit a war zone of violence, gang activity, turf wars, and drug dealing. Busing has resulted in a blend of children at each of the eight elementary school sites who suffer from problems resulting from social crises, such as living in

violent, drug ridden neighborhoods, with children who are experiencing situational crises, such as family problems. A great need for counseling as early intervention and prevention for all children experiencing any form of problem was evident with no funding available to provide it.

Subjects and Counselors Used

Children who might benefit from counseling were referred by school staff and by parent request. They represented a full cross section of the overall elementary school population. The most common problems which they were experiencing resulted from substance abuse and/or domestic violence in the home, violence and gang activity in the neighborhood in which they lived, child abuse situations, divorce between the parents or other traumatic upheaval in the home, recent surgery or chronic illness, death (including murder) of a parent or close family member, incarceration of a parent or close family member, and immediate crisis situations.

Masters and doctoral-level graduate students in nearby universities who were registered as trainees or interns working on the 3000 hours necessary to be licensed as psychologists or marriage, family, child counselors were sought. A training program was established and clinical supervision hours toward the "Licensed Educational Psychologist" or "Marriage, Family, Child Counselor" state licenses (held by the author, a school psychologist for the Claremont district) were made available.

Because of the training component of the program and because supervised internship programs which focus on children are not readily available, there were many qualified applicants for the eight available internships, in spite of the lack of a stipend.

Procedure

All of the elementary schools in the district (eight, including a school for orthopedically handicapped children) were included in the program. Each school was assigned an intern or trainee who worked on the campus one full day a week. For training purposes and "quality control" the clinical supervisor (i.e., the author) co-led an initial eight week group on each of the campuses with each of the trainee/interns. Each trainee/intern also attended a weekly two hour group supervision session throughout the year. In addition, four were seen weekly, and all were seen occasionally, for individual supervision hours.

Meetings to introduce and discuss the program were held on all of the campuses with all teachers and appropriate staff. Staff members were asked to refer all children who might benefit and to make the initial contact with parents to discuss how the program might help their children. No children participated without signed parental consent. With the exception of the very few children whose parents did not wish them to participate, each child who was referred received services. Upon completion of the counseling, conferences were held with parents and, if appropriate, with teachers.

The children were seen weekly during school hours. Whenever possible, a rotating schedule was set up so that children did not miss the same subject more than once every month.

Counseling Model

A counseling model was developed to meet the needs of the children within the constraints of the public school setting. The overall goals of the sessions were to create an atmosphere in which the children could get in touch with their feelings, to validate those feelings, to strengthen their sense of self and self-esteem, and to discuss and share their problems. Techniques of Gestalt play therapy were adapted to the school setting (Oaklander, 1978).

Each child was assigned to a small group of five or six participants. Each group was seen once a week for eight weeks. New groups were formed at intervals throughout the school year. In most cases the groups were homogeneous in terms of age and sex or in terms of presenting problem. If, upon completion of a group, a child appeared to need more in-depth counseling, he or she was either referred to private counseling or to a community agency or, if the parent was unable to follow through, was seen on a continuing one-to-one basis by the trainee/intern.

The group model revolved around the use of a different activity each week. The sessions were directed and limits appropriate to a school setting were established. Portable bins of numerous small toys, art materials, puppets, games, books, and

similar equipment were provided. All of the activities were adapted for table top use. The activities were designed to allow each child to project his or her feelings into what was created. For example, each child might be asked to make a model of an "ideal world" or make a clay figure of themselves as any animal that they would like to be. Each child was asked to share what had been made. Conversations were held and questions were asked which led the child to explore the feelings which were projected into the activity. This was then related to the "real world." Deep issues, fears, and problems were dealt with as they surfaced. If an issue surfaced which seemed to have meaning for the entire group, it was worked on in the group setting. If an individual issue surfaced, that individual child was seen alone for one or more sessions, in addition to the group, in order to work on his or her special concerns.

The materials for the activities were kept in a central office and checked out by the trainee/interns on a "lending library" basis. This kept the cost of materials at a minimum.

Results

The program has been in effect for three years. During this time approximately 500 children have been served. Following each of the first two years, general program reviews indicated the strong support of parents and school staff and provided information which helped to improve the overall procedures and services. After the third (1989-1990) school year, a more

specific survey of the parents and teachers of the 214 students who participated was conducted. It showed an overwhelming agreement among those who knew the children best that participating children had had a good experience, enjoyed the experience, seemed happier at home and at school, were able to concentrate better at school, were able to handle fears better, and talked about their feelings more after participating in the program.

Parent surveys were not mailed to families who had moved, to non-English speaking parents, or to the families of children in special day classes (because the impact of their total intensive program was hard to separate from the impact of the counseling program). In addition, fourteen surveys were returned by the post office. The 32% response to the remaining 157 parent surveys was disappointing, but about average for parent surveys made in the past.

Altogether, 92% of the responding parents felt that their child had had a positive experience in at least one of the eight areas covered by the survey and 83% perceived that their child had shown growth in at least one of the six growth areas.

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Insert Table 1 about here

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Staff surveys were mailed to 180 teachers of the participating students. Sixty-six percent responded. Altogether,

99% of the responding teachers felt that their student had had a positive experience in at least one of the seven areas covered by the survey and 85% perceived that their student had shown growth in at least one of the five growth areas.

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Insert Table 2 about here

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Among the circumstances which led to a referral to the program were parental divorce, death of a parent or other close family member, substance abuse in the home, foster home placement, incarceration of a parent, gang involvement of family members, family violence and abuse, neglect or hunger, recent surgery, and chronic disability or illness. Various symptoms such as severe behavior problems, depression, poor school achievement, school phobia, withdrawal, and a lack of friends accompanied these circumstances. In addition, a large number of children who were not experiencing specific problems were referred for services because their parents or teachers felt they could "use the extra support and attention" which the counseling groups provided.

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Insert Table 3 about here

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Many crisis situations surfaced while the counseling was in progress. For example, a number of previously undisclosed cases of child abuse were reported, interventions were made in four

possible "run away" cases, and three children with suicidal thoughts or plans serious enough to place them at a moderate to high risk for suicide were referred to local mental health agencies. Several students asked for help in learning to resist the lure of gangs, one asked for help in turning himself in to the police for burglarizing homes in his neighborhood, and many racial issues surfaced and were resolved with growth and friendships resulting.

An obvious need led to the formation of special grief groups, divorce groups, and groups for orthopedically handicapped children. As a result of follow up parent conferences, one weekly parent group was formed and a number of families followed through by seeking continuing counseling help for their children or family therapy for the whole family at local mental health agencies.

Discussion

The overall program and counseling model clearly has an important impact on the adjustment of elementary school students as appraised by the adults who know them best. However, it must be noted that the survey method of measuring the effect of a program is subjective and may overly encourage positive responses. More exact measures of short term results in the form of controlled experiments to measure growth of specific traits, such as self-esteem or internal locus of control, are needed. In spite of the subjective nature of the current survey, the very high percentage of positive responses by both teachers and parents,

changing student behaviors, and the number of crisis situations which were resolved are a strong indication of the value of the program. In addition, the use of psychology and counseling interns proved to be a highly successful cost free method of providing the necessary personnel.

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Table 1

Parent Survey

After being in the program my child:	Yes	No	Don't Know
Enjoyed the experience	96%	0%	4%
Seems happier at school	82%	8%	10%
Seems happier at home	95%	3%	2%
Is getting along better at school	73%	10%	17%
Is getting along better at home	82%	16%	2%
Is able to handle fears better	67%	9%	24%
Talks about feelings more	63%	27%	10%
Had a good experience	91%	5%	4%

Note: Only those children who were perceived to have a problem in each area were included in figuring percentages for that area.

Table 2

Teacher Survey

After being in the program my student:	Yes	No	Don't Know
Enjoyed the experience	91%	2%	7%
Seems happier at school	63%	13%	24%
Seems better able to concentrate on school work	54%	30%	16%
Is getting along better with others at school	71%	13%	16%
Seems able to handle fears better	34%	9%	57%
Talks about his/her feelings more	39%	44%	17%
Had a good experience	88%	0%	12%

Note: Only those children who were perceived to have a problem in each area were included in figuring percentages for that area.

Table 3

Presenting Problems

Problem	Number
Divorce parents	73
"Needed extra support or attention"	40
Substance abuse in the home	35
Previously reported abuse or family violence	31
Severe behavior problems	25
Orthopedic handicap	23
Poor school achievement	22
Death of parent or close family member	19
Foster home placement	16
Many changes of school placement	12
Withdrawal and possible depression	11
Incarcerated parent or sibling	9
Close relatives in gang activities	9
Chronic illness or recent surgery	8
Neglect or hunger	4
School phobia	3
Other individual problems	5

Note: The total is higher than the 214 children who participated because some children were counted in more than one category.